



ATTENTION!

New data requirements and relationships have been added to the CARE Act Data Report this year.

Cover page

- ⇒ New format for the cover page this year.
- ⇒ Allows for multiple grant numbers to be reported. Now you only need to complete a single cover page if you are a grantee under more than one CARE Act Title.
- ⇒ The total number of providers and the total number of CADRs included in your submission must now be reported.

Item 10

- ⇒ The name of the grantee/agency from which CARE Act funds are received must now be specified for each source of funding checked.

Item 35a

- ⇒ There are new data relationships between Item 35a and Sections 5 and 6.1. See below.

Section 5

- ⇒ Only medical service providers should complete Section 5.
- ⇒ All clients reported as receiving Ambulatory/outpatient medical care in Item 35a must also be reported in Section 5, Items 45 and 46.

Section 6.1

- ⇒ The total number of patients reported in Items 56-59 must be equal to the total number of clients reported in Item 35a. Please remember that only agencies funded by Title III should complete Section 6.1.